

### Operating and Financial Summary

<small>Please use Helvetica, 7 point font</small>	<small>Fiscal year end date</small>
<small>Airport Name</small>	<small>Location ID</small>
<small>Sponsor Name</small>	<small>State</small>
<small>Sponsor Employer Identification Number</small>	<small>Date when AIP was last audited as a major program</small>
<small>Consolidated Report? Enter Yes or No</small>	<small>Is this report based on audited information? Please enter Yes or No</small>

**Summary of Revenues and Expenses**

**A. Aeronautical Operating Revenue**

1. Landing fees	
2. Terminal/international arrival area rental or other charges	
3. Apron charges/tiedowns	
4. FBO revenue: contract or sponsor-operated	
5. Cargo and hangar rentals	
6. Aviation fuel tax retained for airport use	
7. Fuel sales net profit/loss or fuel flowage fees	
8. Miscellaneous (not to exceed 5% of Aeronautical)	
9. Other (enter total here and add attachment)	
<b>Total</b>	\$

**B. Nonaeronautical Operating Revenue**

1. Land and non-terminal facilities	
2. Terminal - food and beverage	
3. Terminal - retail stores	
4. Terminal - other	
5. Rental cars	
6. Parking	
7. Misc. (Should not exceed 5% of total non-aeronautical)	
8. Other (Enter total here and add attachment)	
<b>Total</b>	\$

**C. Nonoperating Revenues**

1. Interest income - restricted and non-restricted	
2. Grant receipts	
3. Passenger Facility Charges	
4. Other	
<b>Total</b>	\$

**D. Operating Expenses**

1. Personnel compensation and benefits	
2. Communications and utilities	
3. Supplies and materials	
4. Repairs and maintenance	
5. Contractual services	
6. Insurance, claims and settlements	
7. Misc (should not exceed 5% of total op expenses)	
8. Other	
<b>Total</b>	\$

**E. Non-Operating Expenses**

1. Interest expense	
2. Other	
<b>Total</b>	\$

**F. Depreciation**

<b>Total</b>	\$

**Net (Total A+B+C Less D, E and F)**

<b>Total</b>	\$

**Other Financial Information**

**G. Reporting Year Proceeds**

1. Bond proceeds	
2. Proceeds from sale of property	
3. Contributed capital	
4. Other	
<b>Total</b>	\$

**H. Reporting Year Expenditures for Projects**

1. Airfield	
2. Terminal	
3. Parking	
4. Roadways, rail and transit	
5. Other	
<b>Total</b>	\$

**I. Reporting Year Debt Payments**

<b>Total</b>	\$

**J. Indebtedness at End of Year**

1. Bonds	
2. Loans	
3. Other	
<b>Total</b>	\$

**K. Net Assets**

<b>Total</b>	\$

**L. Restricted Financial Assets**

1. Restricted debt service reserve	
2. Restrictions for renewals and replacements	
3. Other restricted financial assets	
<b>Total</b>	\$

**M. Unrestricted Financial Assets including cash**

<b>Total</b>	\$

In compliance with section 47107(a) of the Title 49 United States Code and section 111(b) of the Federal Aviation Administration Authorization Act of 1994, please complete this form in order to assist the public in understanding airport finances and the use of airport generated revenue.

I certify that the information on this form is true and accurate to the best of my knowledge and belief.

<b>Airport Mailing Address:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;"><small>Signature</small></td><td style="width: 30%;"><small>Date</small></td></tr> <tr><td><small>Printed name</small></td><td><small>Telephone No.</small></td></tr> <tr><td><small>Title</small></td><td></td></tr> </table>	<small>Signature</small>	<small>Date</small>	<small>Printed name</small>	<small>Telephone No.</small>	<small>Title</small>	
<small>Signature</small>	<small>Date</small>						
<small>Printed name</small>	<small>Telephone No.</small>						
<small>Title</small>							

**Paperwork Reduction Act Statement:** The information collected on this form facilitates the submission of operating and financial summary data. Section 111(b) requires the Secretary of Transportation to issue a simplified format for reporting data applicable to Airports to assist in public understanding of airport finances and to provide information concerning the amount of revenue surplus, the amount of concession-generated revenue, and other information required by the Secretary. The burden for each response is estimated to be 5 hours. Responses are required to obtain a benefit. No assurance of confidentiality is given. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number associated with this collection is 2120-0569.